



Guaiac Fecal Occult Blood Test Decommissioning: Frequently Asked Questions for Primary Care Providers and Healthcare Administrators

1. How do I manage my ColonCancerCheck (CCC) guaiac fecal occult blood test (gFOBT) kit inventory in the months leading up to the fecal immunochemical test (FIT) becoming available as the average risk screening test for colorectal cancer?

 - CCC gFOBT laboratory providers will help manage the CCC gFOBT kit inventory distributed to primary care providers in preparation for FIT becoming available as the screening test for people at average risk for colorectal cancer. Primary care providers should continue to use CCC gFOBT kits until FIT becomes available. For more information, please contact your CCC gFOBT laboratory provider.
2. What should I do with my remaining ColonCancerCheck (CCC) guaiac fecal occult blood test (gFOBT) kits?

 - CCC gFOBT laboratory providers will arrange the removal of unused CCC gFOBT kits from primary care provider offices once the fecal immunochemical test (FIT) becomes available as the screening test for people at average risk for colorectal cancer. Do not distribute unused CCC gFOBT kits once FIT becomes available. For more information, please contact your CCC gFOBT laboratory provider.
3. How long will the ColonCancerCheck (CCC) guaiac fecal occult blood test (gFOBT) laboratory providers continue to test CCC gFOBT kits?

 - CCC gFOBT laboratory providers will continue to test CCC gFOBT kits for six months after the fecal immunochemical test (FIT) becomes available as the screening test for people at average risk for colorectal cancer. This will ensure that most participants who complete their CCC gFOBT kit after FIT becomes available can still receive their CCC gFOBT result. CCC gFOBT kits returned after six months will be rejected by CCC gFOBT laboratory providers. You will be notified if a CCC gFOBT kit is returned from your patient beyond six months from when FIT becomes available. You should encourage your patients to complete and return their CCC gFOBT kits as soon as possible. Do not distribute unused CCC gFOBT kits once FIT becomes available.
4. Will participants be able to submit their completed ColonCancerCheck (CCC) guaiac fecal occult blood test (gFOBT) after the six months from when the fecal immunochemical test (FIT) becomes available as the screening test for people at average risk for colorectal cancer?

 - CCC gFOBT laboratory providers will not test CCC gFOBT specimens received beyond six months from when FIT becomes available as the screening test for people at average risk for colorectal cancer. CCC gFOBT laboratory providers will notify you directly of this rejection.
5. What updates will be made to the Ministry of Health and Long-Term Care Laboratory Requisition related to the ColonCancerCheck (CCC) guaiac fecal occult blood test (gFOBT)?

 - Once the fecal immunochemical test (FIT) becomes available as the screening test for people at average risk for colorectal cancer, the CCC gFOBT checkbox will be removed from the Ministry of Health and Long-Term Care Laboratory Requisition. A new separate FIT requisition form will be made available to order FIT kits as part of the CCC program. You can access the new FIT requisition form at **cancercaresontario.ca/FIThub**. Cancer Care Ontario is working with OntarioMD to ensure that the FIT requisition is available within your electronic medical record system.

6. [How are fee codes related to the ColonCancerCheck \(CCC\) guaiac fecal occult blood test \(gFOBT\) changing?](#)
 - Information on fee code changes for laboratories or physicians will be communicated by the Ministry of Health and Long-Term Care through an Ontario Health Insurance Plan INFOBulletin (health.gov.on.ca/en/pro/programs/ohip/bulletins). Please check this website for any updates regarding fee code changes.
7. [After the fecal immunochemical test \(FIT\) becomes available as the screening test for people at average risk for colorectal cancer, should participants screen with FIT if they have already been screened with ColonCancerCheck \(CCC\) guaiac fecal occult blood test \(gFOBT\) within two years?](#)
 - Participants who are up to date with screening by using the CCC gFOBT should wait until their two year screening anniversary before screening with FIT.
 - Repeating the FIT after an abnormal FIT or CCC gFOBT is not appropriate and can lead to delays in diagnosis and treatment. Requests to repeat a FIT after an abnormal FIT result will not be accepted by LifeLabs. Participants with an abnormal FIT or CCC gFOBT should follow up with a colonoscopy within eight weeks, as per the CCC Screening Recommendations Summary (1).
(1) cancercaresontario.ca/CCCrecommendations
8. [What happens if my patient receives an unsatisfactory \(i.e., indeterminate or rejected\) ColonCancerCheck \(CCC\) guaiac fecal occult blood test \(gFOBT\) result within six months from when the fecal immunochemical test \(FIT\) becomes available as the screening test for people at average risk for colorectal cancer?](#)
 - After FIT has launched, participants who complete a CCC gFOBT within the six month overlap period and get an indeterminate or rejected test result will receive a letter instructing them to complete a FIT (the new screening test for people at average risk for colorectal cancer).
 - You will need to submit a FIT requisition to LifeLabs for your patient to receive a FIT. Please advise your patient to complete the FIT and mail it back to LifeLabs (or drop it off) as soon as possible, ideally within two days of specimen collection, to ensure that it arrives at LifeLabs within 14 days of specimen collection.
9. [Will occult blood testing not associated with the ColonCancerCheck \(CCC\) program still be available after the fecal immunochemical test \(FIT\) becomes available as the screening test for people at average risk for colorectal cancer?](#)
 - Occult blood testing (e.g., guaiac fecal occult blood test [gFOBT] or FIT) not associated with the CCC program will continue to be available after FIT becomes available as the screening test for people at average risk for colorectal cancer.
 - The CCC program recommends that gFOBT should not be used for screening people at average risk once FIT becomes available.
 - The CCC program recommends using the CCC program FIT because it is more user-friendly and is a more sensitive screening test than gFOBT.
 - The CCC program does not recommend colorectal cancer screening outside of the CCC program. People who complete a non-program occult blood test are not considered part of the CCC program.
 - Participants receive the following benefits by being screened through the ColonCancerCheck program:
 - Being invited to participate in screening;
 - Being reminded when it is time for their next screening test;
 - Being informed of their test results;
 - Being tracked throughout the screening and diagnostic process; and
 - Participating in a program in which quality and performance are carefully monitored.

- The CCC program does not recommend using occult blood testing for investigating symptoms (e.g., bleeding) or conditions (e.g., iron deficiency anemia) that may be related to colorectal cancer. People with symptoms or conditions that may be related to colorectal cancer should be promptly referred directly for colonoscopy. Due to their low sensitivity for colorectal cancer in this context (1,2), occult blood tests can lead to diagnostic delay and inefficiencies (3,4,5).

- (1) Farag A, Barkun AN, Martel M. The utility of fecal occult blood testing for clinical indications of suspected gastrointestinal blood loss outside a setting of colorectal cancer screening: a systematic review. Poster session presented at: Digestive Disease Week; 2016 May 22 – 24; San Diego, CA.
- (2) Pochapin MB, Fine SN, Eisorfer RM, Rigas B. Fecal occult blood testing in hospitalized patients. *J Clin Gastroenterol.* 1994; 19(4):274-277.
- (3) Narula N, Ulic D, Al-Dabbagh R, Ibrahim A, Mansour M, Balion C, et al. Fecal occult blood testing as a diagnostic test in symptomatic patients is not useful: A retrospective chart review. *Can J Gastroenterol Hepatol.* 2014; 28(8): 421–26.
- (4) van Rijn AF, Stroobants AK, Deutekom M, Lauppe C, Sturk A, Bossuyt PMM, et al. Inappropriate use of the faecal occult blood test in a university hospital in the Netherlands. *Euro J of Gastroenterol and Hepatol.* 2012; 24(11):1266-69.
- (5) Ip S, Sokoro AA, Kaita L, Ruiz C, McIntyre E, Singh H. Use of fecal occult blood testing in hospitalized patients: results of an audit. *Can J Gastroenterol Hepatol.* 2014; 28(9): 489-94.